

ATP III Guidelines

Drug Therapy

Drug Therapy

HMG CoA Reductase Inhibitors (Statins)

- Reduce LDL-C 18–55% & TG 7–30%
- Raise HDL-C 5–15%
- Major side effects
 - Myopathy
 - Increased liver enzymes
- Contraindications
 - Absolute: liver disease
 - Relative: use with certain drugs

HMG CoA Reductase Inhibitors (Statins)

<u>Statin</u>	<u>Dose Range</u>
Lovastatin	20–80 mg
Pravastatin	20–40 mg
Simvastatin	20–80 mg
Fluvastatin	20–80 mg
Atorvastatin	10–80 mg
Cerivastatin	0.4–0.8 mg

HMG CoA Reductase Inhibitors (Statins) (continued)

Demonstrated Therapeutic Benefits

- Reduce major coronary events
- Reduce CHD mortality
- Reduce coronary procedures (PTCA/CABG)
- Reduce stroke
- Reduce total mortality

Drug Therapy

Bile Acid Sequestrants

- Major actions
 - Reduce LDL-C 15–30%
 - Raise HDL-C 3–5%
 - May increase TG
- Side effects
 - GI distress/constipation
 - Decreased absorption of other drugs
- Contraindications
 - Dysbetalipoproteinemia
 - Raised TG (especially >400 mg/dL)

Bile Acid Sequestrants

<u>Drug</u>	<u>Dose Range</u>
Cholestyramine	4–16 g
Colestipol	5–20 g
Colesevelam	2.6–3.8 g

Bile Acid Sequestrants (continued)

Demonstrated Therapeutic Benefits

- Reduce major coronary events
- Reduce CHD mortality

Drug Therapy

Nicotinic Acid

- Major actions
 - Lowers LDL-C 5–25%
 - Lowers TG 20–50%
 - Raises HDL-C 15–35%
- Side effects: flushing, hyperglycemia, hyperuricemia, upper GI distress, hepatotoxicity
- Contraindications: liver disease, severe gout, peptic ulcer

Nicotinic Acid

<u>Drug Form</u>	<u>Dose Range</u>
Immediate release (crystalline)	1.5–3 g
Extended release	1–2 g
Sustained release	1–2 g

Nicotinic Acid (continued)

Demonstrated Therapeutic Benefits

- Reduces major coronary events
- Possible reduction in total mortality

Drug Therapy

Fibric Acids

- Major actions
 - Lower LDL-C 5–20% (with normal TG)
 - May raise LDL-C (with high TG)
 - Lower TG 20–50%
 - Raise HDL-C 10–20%
- Side effects: dyspepsia, gallstones, myopathy
- Contraindications: Severe renal or hepatic disease

Fibric Acids

Drug

Dose

- | | |
|---------------|-------------|
| • Gemfibrozil | 600 mg BID |
| • Fenofibrate | 200 mg QD |
| • Clofibrate | 1000 mg BID |

Fibric Acids (continued)

Demonstrated Therapeutic Benefits

- Reduce progression of coronary lesions
- Reduce major coronary events

Secondary Prevention: Drug Therapy for CHD and CHD Risk Equivalents

- LDL-cholesterol goal: <100 mg/dL
- Most patients require drug therapy
- First, achieve LDL-cholesterol goal
- Second, modify other lipid and non-lipid risk factors

Secondary Prevention: Drug Therapy for CHD and CHD Risk Equivalents (continued)

Patients Hospitalized for Coronary Events or Procedures

- Measure LDL-C within 24 hours
- Discharge on LDL-lowering drug if LDL-C ≥ 130 mg/dL
- Consider LDL-lowering drug if LDL-C is 100–129 mg/dL
- Start lifestyle therapies simultaneously with drug

Progression of Drug Therapy in Primary Prevention



Drug Therapy for Primary Prevention

First Step

- Initiate LDL-lowering drug therapy
(after 3 months of lifestyle therapies)
- Usual drug options
 - Statins
 - Bile acid sequestrant or nicotinic acid
- Continue therapeutic lifestyle changes
- Return visit in about 6 weeks

Drug Therapy for Primary Prevention

Second Step

- Intensify LDL-lowering therapy (if LDL goal not achieved)
- Therapeutic options
 - Higher dose of statin
 - Statin + bile acid sequestrant
 - Statin + nicotinic acid
- Return visit in about 6 weeks

Drug Therapy for Primary Prevention (continued)

Third Step

- If LDL goal not achieved, intensify drug therapy or refer to a lipid specialist
- Treat other lipid risk factors (if present)
 - High triglycerides (≥ 200 mg/dL)
 - Low HDL cholesterol (< 40 mg/dL)
- Monitor response and adherence to therapy (Q 4–6 months)